

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*
	IND.	DEP.	IND.	DEP.	IND.	IND.	IND.	DEP.
1	/		/			51		
2		/				52		
3		/				53		
4	/		/			54		
5		/		/		55		
6	/	/	/	/		56		
7	/	/	/	/		57		
8	/	/	/	/		58		
9	/	/	/	/		59		
10	/					60		
11	/		/			61		
12		/				62		
13			/			63		
14			/			64		
15			/			65		
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42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
OTAL NO.	5		5			TOTAL IND.		
OTAL DEP.	9		9			TOTAL DEP.		
OTAL CLAIMS	14		14			TOTAL CLAIMS		